

Cognitive Science REIMBURSEMENT FORM

NAME: _____

PERSONNEL NUMBER: _____

TO BE FILLED IN BY SUE/SARAH

TYPE OF REIMBURSEMENT:

Check the box that applies

(Travel [if travel, domestic or international] OR Non-Travel)

<input type="checkbox"/>	TRAVEL	<input type="checkbox"/>	Domestic	<input type="checkbox"/>	International
<input type="checkbox"/>	NON-TRAVEL				

PURPOSE OF EXPENSES INCURRED: _____

START DATE OF TRIP: _____

END DATE OF TRIP: _____

USE Start Date ONLY FOR Non-Travel
EXPENSE RECEIPT

CURRENCY:

Check the box that applies

<input type="checkbox"/>	U.S. Dollars	<input type="checkbox"/>	OTHER
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Please list name of currency above

Currency conversion website: OANDA.com

BUDGET TO BE CHARGED (in words): _____

Important Policy Note: THE UNIVERSITY REQUIRES ORIGINAL, ITEMIZED RECEIPTS.

IF YOU ARE UNABLE TO OBTAIN THE ORIGINAL, ITEMIZED RECEIPT PLEASE COMPLETE / SUBMIT A MISSING AFFIDAVIT FORM.

For all grad student reimbursements: I have included a copy of written approval of this trip from my advisor/PI and the Travel Director, Kyle Rawlins.

(Total of each category here)
MUST BE IN U.S. DOLLARS

These lines are for receipt details. If you split an expense, provide name and cost distribution AMOUNT

carrier: _____ AIRFARE:		
carrier: _____ TRAIN:		
hotel chain: _____ LODGING:		
Bus /Limo/Taxi = GROUND TRANSPORTATION: Mileage = \$0.545 per mile (eff. 1/1/18)		
MEALS:		
OTHER:		
If you used a dept P-Card to pay a registration/submission fee... - record cost & description under 'Other' - note 'paid via P-Card' - attach payment confirmation		
(For International Travel) PER DIEM: Government website for International Per Diem rates http://aoprals.state.gov/content.asp?content_id=184&menu_id=81		

COMPLETE THIS SECTION FOR TRAVEL REIMBURSEMENTS ONLY.

Regarding my trip to _____ from _____ to _____ I attest that the trip is being/was taken for business purposes and that vacation is not a major consideration for the travel.	Traveler's Signature _____ Traveler's Name (printed) _____	Date _____ TOTAL:
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received by _____ on _____
submitted by _____ on _____